

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

10522

Registration District No.

124

Primary Registration District No.

3009

Registrar's No.

100

1. PLACE OF DEATH:

(a) County Cape Girardeau,
(b) City or town Cape Girardeau, Missouri
(If outside city or town limits, write "RURAL" and name of township)
746 Giboney St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community Since 1924
years, months or days)

8. (a) PRINT

FULL NAME Thomas Jefferson Brown

8. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex Male

5. Color or
race White

6. (a) Single, widowed, married,
divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband wife if
alive dead years

7. Birth date of deceased Aug. 4, 1853
(Month) (Day) (Year)

8. AGE:

Years

88

Months

7

Days

3

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

Kentucky
(State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name William Brown

13. Birthplace Kentucky

(City, town, or county)

(State or foreign country)

14. Maiden name Rebecca Housen

15. Birthplace _____
(City, town, or county)

Tennessee
(State or foreign country)

16. (a) Informant's own signature Mrs. W. R. C. Wright

(b) Address Cape Girardeau, Missouri

17. (a) Burial

(b) Date thereof 3-9-1940

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Fairmont Cemetery

18. (a) Signature of funeral director L. L. Haman

(b) Address Cape Girardeau, Mo.

19. (a) 3-7-40

(b)

John Thompson

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town 746 Giboney St.
(If outside city or town limits, write "RURAL")
(d) Street No. Cape Girardeau, Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 7.
year 1940 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from Feb. 5/40
1940 to Feb. 7/40, 1940
that I last saw him alive on Feb. 5/40, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death Influenza Duration 4 days

Due to

Due to

Other conditions Chronic Bronchial asthma

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(City or town)

(County)

(State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 121

While at work?

(Specify type of place)

(e) Means of injury

23. Signature John St. Arvit (M. D. or other) !

Address 6 North Main St. Date signed Mar. 7, 1940

(Licensed Embalmer's Statement on Reverse Side)

St. Anis

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Howard L. Haman

Licensed Embalmer No.....

4122

P. O. Address.....

Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.